U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects
1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository
2006 OCT 31 PM 2:15 11-OCT-2006	☐
	Reference No. 10170518

OWNER INFORMATION (Type or Print)

Name	Daytime Telephone Number	E-mail Address
[redacted]	[redacted]	[redacted]
Address [redacted]	Evening Telephone Number	
City SACRAMENTO **State** CA **Zip Code** [redacted]		

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☒ NO
In the absence of an a[redacted]ame or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 10/23/2006

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
1LNHM82W83Y[redacted]	LINCOLN	TOWN CAR	2003

Date Purchased	Dealer's Name and Telephone Number		Engine:	Fuel Type:
Oct 31, 2002	Andrews Lincoln Mercury 1710 Douglas Blvd.		No: Cylinders 8	Gas
Original Owner ☒	Dealer's City Roseville	State CA. Zip Code 95747884		

Transmission Type		Powertrain	Vehicle Component Code
AUTOMATIC	☒ Antilock Brakes ☒ Cruise Control	REAR WHEEL DRIVE	106200 POWER TRAIN:AXLE ASSEMBLY:AXLE SHAFT
			Multiple Failure: 1

FAILED COMPONENT(S)/PART(S) INFORMATION

Incident Date(s)	Failure Mileage	Failure Speed
06-SEP-2006	68800	all speeds

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☐ Yes ☒ No	☐ Yes ☒ No			N

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

DT*: THE CONTACT STATED THERE WAS A CONSTANT GRINDING NOISE COMING FROM THE REAR OF THE VEHICLE, REGARDLESS OF SPEED. THE VEHICLE WAS TAKEN TO A PRIVATE REPAIR SHOP, WHO DETERMINED THAT THE NOISE WAS CAUSED BY A FAILURE OF THE REAR BEARINGS. THERE WAS A NHTSA RECALL# 04V328000 WHICH PERTAINED TO THE REAR SUSPENSION. THE VEHICLE WAS NOT INCLUDED IN THE RECALL DUE TO THE VIN. *AK

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY